

SCANNED

LUDWIG

MAY 25 2021

COMPLAINT

(for non-prisoner filers without lawyers)

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN

U.S.  
EAST

2021 MAY 25 P 4: 15

CLERK OF COURT

(Full name of plaintiff(s))

Trent Nelson

v.

(Full name of defendant(s))

Ursa Logistics Inc.

Case Number:

21-cv-00654

(to be supplied by Clerk of Court)

A. PARTIES

1. Plaintiff is a citizen of Wisconsin and resides at  
(State)

2415 Nicholson Ave. 240-6 South Milwaukee, WI 53172  
(Address)

(If more than one plaintiff is filing, use another piece of paper.)

2. Defendant Ursa Logistics Inc.  
(Name)

is (if a person or private corporation) a citizen of Wisconsin

(State, if known)

and (if a person) resides at \_\_\_\_\_

(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for Ursa Logistics Inc. 6925 S. 6<sup>th</sup> Street, Oak Creek, WI. 53154

(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

1. Ursa Logistics violated my rights.

2. I have FMLA paperwork that my Doctor filled out,  
when it was filled out, I did not ~~fill out~~ sign the paperwork.

The signature was not my signature, the company typed  
my name where I was supposed to ~~sign~~ print my name.

At that time I was capable of writing. FMLA ~~was~~

June 14, 2019 - Sept. 15, 2019, the termination letter

is dated Sept. 11, 2019. The company I was working

for called on Sept. 21, 2019 and told me my services  
were no longer needed, (Date of verbal termination). The

insurance company did not have a claim from

Ursa Logistics Inc. For June/July 2019. I have two separate recordings dated Sept 20<sup>th</sup> and 21<sup>st</sup> of 2019, with my supervisor from Ursa Logistics Inc, in which were discussing FMLA. I was also certified to have a special knob on my steer wheel, for the medical condition of my hand, that I paid for. I received medical treatment (IVIg), 2 times a month, which is an infusion, which they were aware of at the start of my employment. They claim they were unaware of that information, which is inaccurate. I asked for FMLA because I worked 63-65 hours weekly, and I began to have problems keeping up with that amount of work due to weakness in my hands. I was unable to pull the release on the tractor to release the trailer. I requested ~~accommodated~~ accommodation to have another driver pick up a day or two, to allow me to rest, but ~~that~~ they did grant that accommodation. I feel as though they were forcing me to continue a workload ~~that was causing~~ causing ~~me~~ a decline in my health and strength.

C. JURISDICTION

☒ I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR

☐ I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$ \_\_\_\_\_.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

I am suing for lost wages, future lost, pain and suffering as I felt like I had to keep working or I would be fired.

On June 6<sup>th</sup> 2016, I also received employer responsibility to inform me whether or not I was approved for FMLA and they did not do that. They gave me two other reasons why I was terminated due to an accident in the parking lot. They said I was "boisterous" which is a personality issue, which was inaccurate.

E. JURY DEMAND

I want a jury to hear my case.


☒ - YES

- NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 25 day of May 2021.

Respectfully Submitted,

  
\_\_\_\_\_  
Signature of Plaintiff

414-534-0751  
\_\_\_\_\_  
Plaintiff's Telephone Number

\_\_\_\_\_  
Plaintiff's Email Address

2415 Nicholson Ave 240-6  
South Milwaukee, WI 53172  
\_\_\_\_\_  
(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper.)

**REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FILING FEE**

☒ I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Filing Fee form and have attached it to the complaint.

☐ I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.